

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 5596 05

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		5				
7		5				
8		5				
9		5				
10		5				
11		5				
12		5				
13		5				
14		5				
15		5				
16		5				
17		5				
18		5				
19		5				
20	1					
21		1				
22		2				
23		0				
24			1			
25				1		
26				1		
27				1		
28				1		
29				1		
30				1		
31				1		
32				1		
33				1		
34				1		
35				1		
36				1		
37				1		
38			1			
39				1		
40				1		
41				1		
42			1			
43				1		
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.	2	↓	3	↓		↓
TOTAL DEP.	38	←	17	←		←
TOTAL CLAIMS	40		20			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						